



## FORM 8 – *Medical Assistance in Dying*

### RECORD OF PROVISION

This form is completed by the Providing Practitioner after providing medical assistance in dying (MAID).

**All information is mandatory unless indicated otherwise.**

#### PRACTITIONER ACTIONS REQUIRED

- The following completed forms must be placed on the patient's medical record and copies securely emailed\* or faxed to the MAID Review Committee **within 72 hours of providing MAID**:
  - Form 5 – *Waiver of Final Consent OR*  
Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying*
  - Form 8 – *Record of Provision*

\* Completed forms being sent by email are to be sent via *Secure File Transfer* (<https://sft.gov.nt.ca>).

#### MAID Review Committee

Phone: 867-767-9062 ext. 49190

Secure Fax: 867-873-2315

Email: [MAID\\_ReviewCommittee@gov.nt.ca](mailto:MAID_ReviewCommittee@gov.nt.ca)

#### Central Coordinating Service

Monday to Friday: 9:00am – 5:00pm

Toll Free: 1-833-492-0131

Email: [maid\\_careteam@gov.nt.ca](mailto:maid_careteam@gov.nt.ca)

### 1. PATIENT INFORMATION

Name:

Date of Birth (dd/mm/yyyy):

Health Care Number:

### 2. PROVIDING PRACTITIONER INFORMATION

Name:

NWT License Number:

Phone Number:

Are you a (choose one):

Physician    Nurse Practitioner

If you are a physician, what is your area of specialty?

Family Medicine    Other – specify: \_\_\_\_\_

Provide the mailing address at your primary place of work (street, city/town, postal code):

Provide the email address that you use for work:

To the best of your knowledge or belief, before you received the written request for MAID, did the patient consult you concerning their health for a reason other than seeking MAID?

Yes    No

### 3. PROCEDURAL REQUIREMENTS

The following section relates to the safeguards as per the Criminal Code. Please place a check mark (✓) where appropriate, and provide relevant details where indicated.

**ALL procedural requirements and safeguards must be met before MAID can be provided, unless indicated otherwise.**

#### Safeguards and Relevant Details (where indicated)

I was of the opinion that the patient **met all of the eligibility criteria** (as indicated by the Assessing Practitioner in Form 2 – *Assessment of Patient by Assessing Practitioner*).

*Relevant subsections of the Criminal Code: 241.2(1), 241.2(3)(a) and 241.2 (3.1)(a).*

I ensured that the patient's request for MAID (Form 1 – *Formal Written Request*) was made in **writing and signed and dated** by the patient, or by another person permitted to do so on their behalf.

The request was signed on \_\_\_\_\_  
(dd/mm/yyyy)

*Relevant subsections of the Criminal Code: 241.2(3)(b)(i), 241.2(3.1)(b)(i), and 241.2(4).*

I ensured that the request (Form 1 – *Formal Written Request*) was **signed and dated after the patient was informed** by a physician or nurse practitioner that the patient had a **grievous and irremediable medical condition**.

*Relevant subsection of the Criminal Code: 241.2(3)(b)(ii) and 241.2(3.1)(b)(ii).*

I was satisfied that the request (Form 1 – *Formal Written Request*) was signed and dated by the patient, or by another person permitted to do so on their behalf, and **before an independent witness** who then signed and dated the request.

*Relevant subsections of the Criminal Code: 241.2(3)(c), 241.2(3.1)(c), 241.2(4), and 241.2(5).*

I ensured that the patient was **informed that they may**, at any time and in any manner, **withdraw their request at both** the time of the assessment by the Assessing Practitioner and the assessment by the Consulting Practitioner (as indicated on Form 2 – *Assessment of Patient by Assessing Practitioner* and Form 3 – *Assessment of Patient by Consulting Practitioner*).

*Relevant subsection of the Criminal Code: 241.2(3)(d) and 241.2(3.1)(d).*

I ensured that another practitioner provided a written opinion confirming that the person met all the eligibility criteria (as indicated by the Consulting Practitioner in Form 3 – *Assessment of Patient by Consulting Practitioner*).

*Relevant subsection of the Criminal Code: 241.2(3)(d) and 241.2(3.1)(d).*

I was satisfied that the other **practitioner(s) and I are independent**.

*Relevant subsections of the Criminal Code: 241.2(3)(e) and 241.2 (3.1)(e).*

Immediately before providing MAID, I gave the patient the **opportunity to withdraw** their request and ensured that the patient gave **Express Consent** to receive MAID (by the patient completing Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying*)

OR

I ensured that the patient had provided valid **Advance Consent** (by the patient having previously completed Form 5 – *Waiver of Final Consent*) and that:

- The patient had lost capacity to provide express consent prior to providing MAID;
- MAID was provided in accordance with any arrangement set out in the form; and
- The patient did not demonstrate by words, sounds, or gestures, refusal to have the substance administered or resistance to its administration.

*Relevant subsections of the Criminal Code: 241.2(3)(h), 241.2(3.1)(k), and 241.2(3.2).*

Where the patient had **difficulty communicating**, I was satisfied that I and the other Practitioners took all necessary measures to provide a reliable means by which the patient could have understood the information that was provided to them and communicate their decision. If the patient had difficulty communicating, what means/services were used to communicate with the patient and to ensure they were able to understand the information provided to them and communicate their decision?:

Independent translation/interpretive services  
 Augmented and alternative communication devices/strategies (e.g., physical gestures, writing boards, eye gaze equipment, communication boards)  
 Additional time  
 Other – specify: \_\_\_\_\_

N/A if the patient did not have difficulty communicating.

*Relevant subsection of the Criminal Code: 241.2(3)(g) and 241.2(3.1)(j).*

I informed the **pharmacist**, before the pharmacist dispensed the substance that I prescribed or obtained, that the substance was intended for the purpose of providing MAID.

*Relevant subsection of the Criminal Code: 241.2(8).*

#### **Additional Safeguards Where Natural Death was NOT Reasonably Foreseeable (Track 2)\***

**\* Only complete this section if patient's death was not considered reasonably foreseeable.**

I ensured that at least one of the Assessing Practitioner or Consulting Practitioner has expertise in the condition that is causing the patient suffering, or a practitioner who has that expertise was consulted and shared the results of that consultation with the Assessing Practitioner or Consulting Practitioner.

The Practitioner's expertise as it relates to the condition causing the patient's suffering was (select all that apply):

Cardiology       General internal medicine       Geriatric medicine       Nephrology  
 Neurology       Oncology       Psychiatry       Pain management  
 Respiratory medicine       Other – specify: \_\_\_\_\_

*Relevant subsection of the Criminal Code: 241.2(3.1)(e.1).*

I (as the Providing Practitioner), the Assessing Practitioner, and the Consulting Practitioner, where different:

- Informed the patient of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care; and
- Ensured the patient was offered consultations with relevant professionals who provide those services or that care.

Which means to relieve their suffering were discussed and offered to the patient (select all that apply based on the Providing Practitioner's discussions with the patient as well as those recorded in Form 2 – *Assessment of Patient by Assessing Practitioner* and Form 3 – *Assessment of Patient by Consulting Practitioner*)?:

Pharmacological  
 Non-pharmacological (e.g. neuro stimulation, ECT)  
 Counselling  
 Mental health support  
 Disability support  
 Community services – income  
 Community services – housing  
 Community services – other – specify: \_\_\_\_\_  
 Health care services including palliative care  
 Other – specify: \_\_\_\_\_

*Relevant subsection of the Criminal Code: 241.2(3.1)(g).*

I (as the Providing Practitioner), the Assessing Practitioner, and the Consulting Practitioner, where different, ensured that I and the other Practitioners discussed with the patient the reasonable and available means to relieve the patient's suffering and agreed with the patient that the patient has given serious consideration to those means.

How and on what basis did you form the opinion that the patient has given serious consideration to the means to relieve their suffering (select all that apply):

- Consultation with patient
- Consultation with family/friends
- Consultation with professional care/medical providers
- Accepted/attempted multiple treatments appropriate for the condition
- Previous knowledge of patient
- Receptive to discussion on available means to relieve suffering
- Review of medical records
- Other – specify: \_\_\_\_\_

*Relevant subsection of the Criminal Code: 241.2(3.1)(h).*

I ensured that:

There were at least 90 clear days between the day on which the assessment of the patient by the Assessing Practitioner began and the day on which MAID was provided;

OR

Where a shorter Assessment Period was considered appropriate in the circumstances, that:

- The eligibility assessments were completed;
- I agreed with the Assessing Practitioner and Consulting Practitioner that the loss of the patient's capacity to provide consent to receive MAID was imminent; and
- The shorter Assessment Period had elapsed before providing MAID (as indicated in Form 2 – *Assessment of Patient by Assessing Practitioner* and Form 3 – *Assessment of Patient by Consulting Practitioner*).

*Clear days include weekends. In calculating the 90 clear days, the day on which the assessment of the patient by the Assessing Practitioner began and the day on which MAID was provided will not be included. The legislation permits shortening the Assessment Period if the loss of the patient's capacity to provide consent to receive MAID is imminent.*

*Relevant subsection of the Criminal Code: 241.2(3.1)(i).*

#### 4. PROVISION OF MEDICAL ASSISTANCE IN DYING

Date and time of provision: \_\_\_\_\_  
(dd/mm/yyyy) \_\_\_\_\_ Time \_\_\_\_\_

Date and time of death: \_\_\_\_\_  
(dd/mm/yyyy) \_\_\_\_\_ Time \_\_\_\_\_

Medical assistance in dying was provided in:

- Hospital (excludes palliative care beds or unit)
- Palliative care facility (includes hospital-based palliative care beds, unit, or hospice)
- Residential care facility (includes long-term care facilities)
- Private residence (includes retirement home)
- Correctional facility/prison
- Shelter/group home
- Other – specify: \_\_\_\_\_
- Do not know

Was the patient transferred from one place to another for the purposes of receiving MAID?

Yes  No

If yes, what were the reasons for the transfer (select all that apply):

- Transfer due to public health recommendations
- Transfer due to policies of the organization where the patient was located
- Availability/capacity/comfort of practitioners within the organization where the patient was located
- Privileges were not available in a timely manner (or at all) to the practitioners within the facility/organization in which the patient was located
- Patient requested to transfer to an alternate location
- Other – specify: \_\_\_\_\_

The medications were administered by the:

Patient \*  Practitioner  Both

\* Note: the Providing Practitioner **must** be present when the patient self-administers the medications.

Where both the patient and the Practitioner administered medication(s):

- I entered into an arrangement with the patient providing that I would be present during the self-administration and would administer the second substance to cause the patient's death if, after self-administering the first substance, the patient lost the capacity to further consent and did not die within a specified period (as indicated in Form 7 – *Express Consent by Patient to Receive MAID*);
- The patient self-administered the first substance and did not die within the period specified in the arrangement and lost the capacity to further consent; and
- I administered the second substance to the patient in accordance with the terms of the arrangement.

#### NOTES

#### 5. SIGNATURE OF PROVIDING PRACTITIONER

X

Signature of Providing Practitioner

Date (dd/mm/yyyy)

Time

The personal health information on this form is being collected under the authority of the *Criminal Code of Canada*. It is protected by the privacy provisions under the federal *Privacy Act* and the Northwest Territories *Health Information Act* (HIA) and will not be used or disclosed unless allowed or required by the *Privacy Act*, HIA, or any other Act. If you have any questions about this form, please contact the Medical Assistance in Dying Review Committee at 867-767-9062 ext. 49190.